

AUG 03 2010

PTO/SB/17 (10-08)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 810.00)

Complete if Known

Application Number	10/553,478-Conf. #8905
Filing Date	October 17, 2005
First Named Inventor	Satoshi Watanabe
Examiner Name	A. B. Comley
Art Unit	3746
Attorney Docket No.	OHK-0011

METHOD OF PAYMENT (check all that apply)

Other (please identify): _____

Deposit Account

Deposit Account Number: 18-0013

Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

52 26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

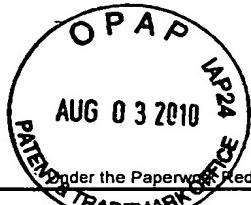
Non-English Specification, \$130 fee (no small entity)

Other (e.g., late filing surcharge):

1801 Request for continued examination (RCE) (see 37 ...)

810.00

SUBMITTED BY	Registration No. (Attorney/Agent)	Telephone
Signature <i>Carl Schaukowitch</i>	29,211	(202) 955-3750
Name (Print/Type) Carl Schaukowitch	Date August 3, 2010	



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		Application Number	10/553,478-Conf. #8905
		Filing Date	October 17, 2005
		First Named Inventor	Satoshi Watanabe
		Examiner Name	A. B. Comley
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3746
TOTAL AMOUNT OF PAYMENT		(<u>\$</u>) 810.00	Attorney Docket No.
			OHK-0011

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
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2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- or HP =	x	=		<u>Fee (\$)</u>

52 26

Each independent claim over 3 (including Reissues)

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Multiple dependent claims

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<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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Fees Paid (\$)**4. OTHER FEE(S)**

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